



City of York Education Committee

ANNUAL REPORT

OF THE

PRINCIPAL

SCHOOL MEDICAL OFFICER

For the Year Ended 31st December, 1971

SCHOOL CLINIC,
MONKGATE,
YORK.

DD Duplicate



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Deputy Chief Education Officer

E. Jobling, B.Sc.

STAFF OF THE SCHOOL HEALTH SERVICE

Medical Officer of Health and Principal School Medical Officer

Samuel R. W. Moore, M.D., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer

Dora Hamshaw, B.Sc., M.R.C.S., L.R.C.P., D.C.H.

Senior Medical Officer for Schools

Margaret C. Barnet, M.B., Ch.B.

School Medical Officers

Eleanor J. Mennim, M.B., Ch.B.

Anne J. V. Lawson, M.B., B.S., D.P.H. (from 29.1.71)

Nora S. Morley, M.R.C.S., L.R.C.P. (Part-time) (from 14.9.71)

Principal School Dental Officer

Graham Turner, L.D.S.

School Dental Officers

Sheila M. Pacitto, B.Ch.D., L.D.S. (to 8.4.71)

Nessa A. Train, B.D.S.

Anne P. Parker, B.Ch.D., L.D.S. (from 13.4.71 to 3.9.71)

Dental Auxiliaries

Miss B. E. Kirkbride

Miss L. A. Wilford (from 1.9.71)

Dental Surgery Assistants

Miss R. E. Glew (f) (to 19.6.71)

Miss J. M. Lawson

Miss E. Hazell

Miss W. Richardson

Miss J. Stead

Miss M. Simpson (from 5.7.71)

Anaesthetist to School Dental Officers

Judith Yuill, M.D., M.R.C.P. (Part-time)

Superintendent Nursing Officer and Supervisor of Midwives

Miss A. W. Mather (a) (b) (c) (d)

Senior Health Visitor/School Nurse

Miss J. F. Gretton (a) (b) (c) (d)

Health Visitor/School Nurses

Miss J. C. M. Baker (a) (b) (c) (d)	Mrs. K. M. Hutchinson (a) (b) (c) (to 25.10.71)
Miss M. S. C. Boyle (a) (b) (c) (e)	Miss L. Jackson (a) (b) (c) (to 24.6.71)
Miss M. Chilton (a) (b) (c) (d) (to 10.9.71)	Mrs. I. C. Mansfield (a) (b) (c) (d)
Miss M. R. Dickinson (a) (b) (c) (d) (to 3.12.71)	Mrs. M. J. Marshall (a) (b) (c)
Miss J. M. Dovaston (a) (b) (c)	Miss L. F. Mousley (a) (b) (c)
Mrs. J. E. Gardner (a) (b) (c) (to 27.8.71)	Miss M. Pinder (a) (b) (c) (to 23.6.71)
Mrs. S. Grinstead (a) (b) (c)	Mrs. F. M. Platts (a) (b) (c)
Mrs. J. W. Heap (a) (b) (c) (from 1.11.71)	Miss G. C. Sheath (a) (b) (c)
Miss M. E. Horn (a) (b) (c) (e)	Mrs. E. Williamson (a) (b) (c)
	Mrs. A. M. Keller (a) (b) (c) (from 1.10.71)

Part-time Health Visitor/School Nurses

Mrs. H. Shann (a) (b) (c)	Mrs. P. E. L. Hughes (a) (b) (c) (from 4.7.71)
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Clinic and School Nurses

Mrs. A. T. Nottingham (a)	Mrs. C. M. DiBiasio (a) (from 26.4.71)
Mrs. A. Tiplady (a) (e) (to 26.2.71)	Mrs. M. Harrison (a) (d) (from 15.9.71)
Miss L. B. Key (a) (to 25.3.71)	Mrs. A. B. Judson (a) (b part one) (from 26.3.71)

Speech Therapists

Mrs. M. A. Francis, L.C.S.T.	Mrs. H. P. Milner, L.C.S.T. (part-time)
Mrs. C. Porter, L.C.S.T. (part-time) (to 21.4.71)	Mrs. E. M. Maunder, L.C.S.T. (part-time) (from 14.9.71)

Chiropodist

Mrs. F. Frankland, S.R.N., S.C.M., M.Ch.S. (part-time)

Physiotherapist

Mrs. M. A. Hayes, M.C.S.P. State Registered Physiotherapist (part-time)

Chief Clerk

R. Watkinson

Senior Clerk

Miss H. F. Milburn

Clerks

3 Full Time

2 Part-time

1 Shorthand typist

Audiometrician

Miss M. A. Robinson

Vision Screener Operator

Mrs. F. Hedinburgh

CHILD GUIDANCE CLINIC

Consultant in Child Psychiatry

C. Hugh Neville-Smith, B.M., B.Ch., D.C.H., D.P.M.

Educational Psychologist

A. Shuttleworth, M.Ed., Dip.Ch.Psych.

Psychiatric Social Worker

Miss Margaret Monkley, M.A., Dip. Social Studies
(Certificate of Psychiatric Social Work)

Mrs. N. M. Bradshaw, B.A., B.Soc. Studies, M.Phil. Social Work

Remedial Adviser

F. R. Purdy, Cert. Hand. Ch., Cert. R.K.

Miss A. Corner, Dip. Hand. Ch.

Clerks

1 Full-time 2 Part-time

- (a) — State Registered Nurse
- (b) — State Certified Midwife
- (c) — Health Visitor Certificate
- (d) — Queen's Nurse
- (e) — Registered Mental Nurse
- (f) — Dental Nurse's Certificate

June, 1972

My Lord Mayor, Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my fourth Annual Report on the work of the School Health Service for the year 1971.

I am pleased to report that the health of the school children of York is excellent and of those who were examined 99.1% were regarded as satisfactory.

The selective method of school medical examination, has now been in operation for a full year, and all concerned have welcomed it, as it has allowed more time to be spent with children who require special consideration. Experience has shown that the work load on doctors has increased rather than decreased and reflects the interest and opportunity to do work of a high quality, rather than the routine repetitive examination of normal children, as formerly.

During the year the responsibility for the management of the junior training centre was transferred from the Health Committee to the Education Committee, and the Centre is now a special school. This is a logical step forward in the care of mentally handicapped children, for research over the past decade has shown increasingly that they can learn from experience and benefit from teaching. The change from custodial care to more formal teaching methods for certain groups of mentally retarded children has been evolving over the years in progressive training centres and will now have the full backing and resources of the educational system.

An interesting development in the care of physically handicapped children has been the introduction of riding instruction for the handicapped pupils of Northfield School, organised by the York Branch of the Riding for the Disabled Association. This has shown an improvement in co-ordination and confidence and is thoroughly enjoyed by the carefully selected group of boys and girls.

The Education (Milk) Act, 1971 came into operation during the year and the report includes a summary of a detailed survey of a small number of school children over seven years of age (who are no longer entitled to free milk) for whom it was suggested that milk might be required to maintain good health. This and a more general survey of all school children in the City showed that children over seven who required milk on medical grounds were either attending special schools where it is provided, or were known to doctors from selective medical examination and the required medical certificate had been given.

My thanks are due to the Chief Education Officer for his co-operation and assistance throughout the year.

In conclusion may I acknowledge the help of all those who have assisted in compiling this report. The dedication of all, who working in the School Health Service, help to promote and maintain the health of York school children is greatly appreciated.

I am, my Lord Mayor, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

S. R. W. MOORE

Principal School Medical Officer.

GENERAL STATISTICAL INFORMATION

Population (estimated — June, 1971)		106,974
Estimated child population (June, 1971)		
Under 1 year	1,535	
1 to 4 years inclusive	6,330	
5 to 14 years inclusive	15,300	
Total under 15 years	<u>23,165</u>	
Primary Schools:—		No. on Rolls
Number of schools	39	10,698 *
Secondary Schools:—		
Number of schools	17	7,804
" " " (Modern)	13	4,773
" " " (Grammar)	4	3,031
Further Education Establishments	3	736 (full time)
Special Schools		
Educationally Sub-normal	2	207
Delicate and Physically handicapped	1	91
Special Units		
Partially hearing	3	23
TOTAL number of pupils on rolls (January, 1972)		18,823
excluding Further Education Establishments		

Summary of Work of School Health Service

Medical Officers				
Periodic examinations in schools	..	..	..	2,445
Special examinations in schools	..	..	..	} 3,480
Re-inspections in schools	..	..	..
Special examinations in clinics	..	..	..	} 3,127
Re-inspections in clinics	..	..	..
Miscellaneous (see page 25)	..	..	..	587

Footnotes.

* includes 64 in Nursery classes.

Dental Officers

Inspections at schools	..	..	..	..	..	15,527
Inspections at clinics	..	..	..	..	..	2,629
Re-inspection at school or clinic			..	..	..	1,976
Attendances for treatment		..	..	..	..	9,493

Health Visitor/School Nurses

Escorts to Residential Schools	..	..	..	..	48		
Visits to schools	..	..	..	..	..	1,753	
Examinations (including cleanliness inspections) in schools	..	..	..	..	..	..	49,301
Visits to homes	..	..	..	..	..	..	1,482
Treatment of minor ailments in Central Clinic..	..	..	844				

Speech Therapist, Chiropodist, etc.

Number of children treated by Speech Therapists	..	200
Number of children under observation by Speech Therapists	.. .. .. .. ..	124
Total number of attendances at Speech Therapy Clinic		5,697
Number of children treated by Chiropodist	..	267
Number of attendances made	.. .. .. ..	1,191

School Clinics

Grand total of inspections and treatments as detailed above	24,957
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Home Tuition	1
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INTRODUCTION

The medical examination of school children has now been organised on a selective basis for a full year. Care has been taken to describe clearly to teachers and parents the essential teamwork approach on which a selective system depends. The doctor has a continuing contact with the school and with the school nurse, and parents are directly approached by means of a comprehensive questionnaire at least three times during their child's years at school.

All school entrants are given a careful medical examination during their second term, when the results of screening tests for vision and hearing are to hand and the teachers have had an opportunity to assess the child from the social and educational standpoint. Children who require further attention or supervision are selected, and appropriate arrangements made. The parents of all children, selected or not, are approached by questionnaire during the year before admission to Secondary School, and again in the year prior to school leaving.

The selective system has been welcomed by all concerned as enabling time to be spent on children who require special consideration. In the event, experience has shown that the work load on doctors has increased rather than decreased; considerably more time is allocated per child for the first medical examination and subsequent selective ones, and the scrutiny of questionnaires and records with the attendant enquiries is time consuming. The interest and opportunity to do work of high quality is a benefit which far outweighs the more complex administrative machinery required.

MEDICAL INSPECTION, SCREENING AND ASSESSMENT

Figures relating to inspections of children at maintained schools are to be found in Parts I and II of the Department of Education and Science Statistical Tables at the end of this report. The general condition of 99.1% of those examined was regarded as satisfactory.

Vision Screening

The Keystone Vision Screener is in use for children of all ages. School entrants are tested during their first or second terms before the first medical examination, and thereafter at approximately 2 yearly intervals. Colour vision is tested on entry and at ten years of age.

The number of children screened was 10,704, as against 7,277 last year. Of these 2,035 were found to have defective eyesight, 430 of which were already receiving treatment.

Screening for Hearing Defects

All school entrants have a screening test by means of the pure tone audiometer towards the end of their first term or early in the second term

before being seen by the school doctor. Those with unsatisfactory hearing are referred to the audiometry clinic for investigation. Five thousand five hundred and ninety two screening tests were carried out and 669 failed. Of these, on further investigation, 31 were referred to hospital, and 5 to their family doctors.

Children with a severe degree of deafness are identified as early as possible during babyhood. Close liaison is maintained with the hospital consultant about these children. Four children were issued with hearing aids by the hospital during the year. Two of these children were under 5 years old.

Orthopaedic Defects

Eighty seven children were found to have postural defects and 229 had minor defects of the feet. Advice on footwear and exercises at home were for the most part all the treatment required.

It was not possible to hold remedial classes during the Spring Term due to alterations to the building; the Remedial Room has been reduced in size but the new floor is a great improvement. During the Summer and Autumn Terms 30 children attended classes, 14 being discharged as satisfactory after treatment. The disadvantage to the child of loss of school time is always borne in mind when considering referring a child for remedial exercises.

Psychological Defects

Six hundred and sixty one children were recorded under the heading of Psychological Stability to require either treatment or observation. The number actually referred for treatment was 85 of whom 58 were referred by teacher or parent for special examination. These latter figures probably reflect the true incidence of instability in the school population.

Thumb sucking, nail biting and enuresis in 5—7 year old children, are usually recorded under this heading, and are commonly self limiting.

Children with Communication Problems

A joint hospital/local authority clinic has been started to investigate delay in language development in young children. The children are seen by a team including a paediatrician, local authority medical officer, speech therapist, psychologist and ear nose and throat specialist. The clinic will be incorporated in the new Assessment Clinic to be provided by the Regional Hospital Board for investigation of delayed and aberrant development of all types in young children.

The provision of adequate educational facilities for these children increasingly becomes a priority. One group of 15 such children who were identified in 1969 have had to be educated in a variety of ways as follows:—

- a. Four have been admitted to Fulford Cross School for Educationally Sub-normal pupils, but this is not the ideal placement in 3 cases. One boy with an almost average non-verbal I.Q. was practically ineducable because of his many problems. Two have I.Q.'s. in the 78-84 range and had they had intensive help with language this form of schooling would not have been offered as a partial solution of their problem.
- b. Two have transferred to Northfield School for the delicate and physically handicapped where they have the benefit of a sheltered environment, but this does not really deal with the underlying language handicap.
- c. Three children are now in partially-hearing units. One boy after much investigation was found to have a hearing loss as his main defect; he is now making progress. Another attends the unit part-time with good results. The third might be described as 'socially deaf' and is better in the unit although still working below his ability.
- d. Five children remain in ordinary schools but are not making satisfactory progress.
- e. One boy has left York.

Another 14 younger children have been investigated making a total of 29 since November, 1969. It is agreed by all concerned that at least 12 of the original group of 15 would have benefited from the help of a special unit. Seven to nine of this second group also need intensive help.

CO-OPERATION AND CONSULTATION

Consultation and the sharing of relevant information between medical and teaching disciplines and parents is the basic principle on which the selective medical examination system is based. Every effort is made to streamline the necessary tests and examinations required by individual children in order to reduce the amount of time they are out of school.

The helpfulness of headteachers and their staffs is a major factor in shaping the new arrangements into a constructive and meaningful service.

HOME VISITS

Health Visitor/School Nurses paid 1,482 home visits in connection with medical inspections, follow-up of defects, cleanliness, etc. The medical officers also visited homes on a number of occasions to discuss various problems of health and education.

HEALTH VISITORS IN SCHOOLS

The role of the Health Visitor as advisor and health educator in the schools is continuing to expand, and requests are received from teachers for assistance in giving talks and providing materials and information.

SCHOOL HEALTH CLINICS

Location and Times

School Clinic, Monkgate

General Clinic	Mon. — Fri.	9 — 10 a.m.
Ophthalmic Clinics	Wed. Thurs. Fri.	1.30 p.m.
	Mon. Tues.	9 a.m.
Audiometric Clinic	Fri.	9 — 11 a.m.
Speech Therapy Clinic	Mon. Tues. Wed. Fri.	9.30 a.m. and 1.30 p.m.
Dental Clinic	Mon. — Fri.	8.45 a.m. and 1.30 p.m.
Chiropody Clinic	Tues.	1.15 p.m.
Remedial Exercises Clinic	Wed. and Thurs.	9.30 a.m.

Health Services Centre, Cornlands Road

Dental Clinic	Mon. — Fri.	8.45 a.m. and 1.30 p.m.
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Health Services Centre, Fifth Avenue

Dental Clinic	Mon. — Fri.	8.45 a.m. and 1.30 p.m.
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47 Clarence Street

Child Guidance Clinic	Mon. — Fri.	8.45 a.m. and 1.30 p.m.
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Ophthalmic Clinic

Dr. F. B. Shevlin continued as ophthalmologist on behalf of the Leeds Regional Hospital Board, the clinical and nursing assistance being provided by the School Health Service.

A total of 2,176 children seen at this Clinic wore glasses. In addition 595 children had glasses prescribed by the Hospital Ophthalmic Department, and 1,212 had glasses prescribed by opticians.

Speech Therapy Clinic

One hundred and one children were referred as new cases to the speech therapist during the year. Forty seven of these were pre-school children and 46 were in infant school. The low incidence of referrals above this age indicates the efficiency of the screening at the medical examination of infants during their second term in school.

One member of staff left in March, 1971 and was replaced in September. At the end of 1971 there was one full-time, and two part-time therapists. The number of sessions worked per week was 19½.

Children on Waiting List at beginning of year	92
Children admitted for treatment	48

Number of referrals	101
Number of children treated	200
Number of children discharged	56
Number of school visits	192
Total Number of Attendances	5,697
Number on Waiting List and Under Observation at end of year	124

Chiropody Clinic

There were 1,191 attendances at the weekly clinic, 267 children being treated. Two hundred and thirty nine of these had plantar warts.

Enuresis

There is now no special clinic for enuresis, but electric alarm apparatus is available to those who may benefit from its use. Patients attend a general clinic by appointment. Twenty new patients borrowed the apparatus during the year and 8 old patients continued treatment. Eight cures have been recorded.

Children suffering from enuresis are also treated by the hospital paediatrician, the psychiatrist and the family doctor.

INFESTATION

There was a marked increase in the number of verminous heads during the latter part of the year and health visitors reported difficulty in controlling the spread and in cleansing the hair satisfactorily. Children from clean well cared for homes were affected together with those less fortunate and there was general agreement that Gamma B.H.C. (Lorexane) was now less effective. Clearly the head louse in York has become resistant to this substance as has occurred in other areas.

In December children from a few schools were selected for a trial of treatment with Malathion under controlled conditions and the first impressions were that this treatment will be successful if properly used.

INFECTIOUS DISEASE

The following infectious diseases amongst York school children were notified by general practitioners to the Medical Officer of Health in 1971 :—

Scarlet Fever	12
Measles	18
Whooping Cough	12
Infective Hepatitis	14
Food Poisoning	1
Scabies	15
	<hr/>
Total	72
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Vaccination against Tuberculosis (B.C.G.)

Vaccination has this year been offered to children during their third academic year in Secondary Schools instead of relating the offer to year of birth. This is a much more convenient arrangement for schools but has resulted in a significantly smaller number of vaccinations being performed due to the number of children in their third year who had already been vaccinated.

Detailed statistics are as follows :—

Number of invitations sent	..	..	..	..	..	1,076
Number of acceptances	..	..	..	..	..	859
Number Heaf tested	..	..	..	..	..	740
Number who gave negative reactions and were vaccinated	..	..	..	..	..	642
Number of children attending maintained primary and secondary schools who received B.C.G. vaccination during the year	..	..	..	..	..	491

Those children who showed a Positive reaction to the Heaf Test were X-rayed by Mass Radiography. No case of active Tuberculosis was found.

Vaccination against Rubella

During the year 855 thirteen-year old girls have been given vaccination against Rubella.

HANDICAPPED PUPILS

The Handicapped Pupils and Special School Regulations 1959, and the amending regulations in 1962 defines the various categories of children who require special educational treatment.

There were 370 pupils in York as on the 20th January, 1972. The table overleaf shows these in each category :—

Category of Handicap	Number at Special School or Unit	Number Awaiting Placement	Number not at School	Total
Blind	2			2
Partially-sighted	15			15
Deaf	4			4
Partially-hearing	23			23
Physically Handicapped	58		2*	60
Delicate	17			17
Maladjusted	11	1		12
Educationally Subnormal	223	9		232
Epileptic	5			5
TOTAL	358	10	2	370

* 1 Home Tuition
1 In Hospital

Northfield Special School for Delicate and Physically Handicapped Children

This is essentially a school for children with physical handicaps or who are delicate. It is not suitable for children who may have a physical defect but who are also so severely educationally retarded that they are quite incapable of keeping up with the standard of learning in the various age groups although classes are small and there is special help.

There continues to be a great demand for places ; the new entrants tend to be more seriously disabled and require a great deal of help. A number are in wheelchairs and others have to use various types of walking-aids. This can cause considerable congestion in the classrooms and emphasises the urgent need for the extension planned for two years time.

The York Branch of the Riding for the Disabled Association organised a class for pupils who could not take part in organised games. No child is accepted for riding instruction without the agreement of the parents and the consent of the medical officer. It takes place under the strict supervision of experienced helpers. Children selected include : 1 paraplegic, 6 cerebral palsy, 3 partially-sighted and 2 cases of cerebellar ataxia. It has been interesting to watch the improved co-ordination and confidence as well as the enjoyment which this new stimulus has provided for the children. They are greatly indebted to the organisers, helpers and all who provided or loaned equipment and for their enthusiastic support and help.

Partially Sighted Pupils

In July Miss Noble retired after 23 years devoted work with the partially-sighted pupils. It was decided that in future they should be fully integrated into the other classes, using appropriate aids, etc. rather than having a separate class.

Partially Hearing Pupils

The units for teaching partial hearing children continue to work to capacity, the number of children being as follows :—

Knavesmire (Nursery and Infants)	10 + 1 from September.
Haxby Road (Juniors)	9 + 1 from July.
Danesmead (Senior)	6 + 2 integrated into normal school.

There are also at least 40 children with significant hearing losses in normal schools and 5 children at Boarding Schools for the deaf.

Educational Subnormality

In 1971, 63 children were examined by medical officers who recommended that 23 should be admitted to the day special school for the educationally sub-normal, 3 to residential schools and 7 were recommended for admission to Lidgett Grove Special School for mentally retarded children, one of whom required Special Care. In addition, 3 pupils leaving the day special school were re-assessed concerning their future care.

Fulford Cross Day Special School for Educationally Sub-normal Children

The additional classroom has been of benefit not only by reducing the waiting list, but by enabling the senior pupils to be treated more as students between school and a job. There is still, however, pressure on space and an undesirable time lag between assessment of the need for special education and admission to the school.

The high standard of music in the school has a beneficial effect in increasing the confidence of children; in addition the general happy atmosphere and the normality of the surroundings, together with the kindly and constructive approach of the headmaster and his staff have been noted to have a rapid effect in changing the attitude of the majority of parents from defensive disappointment to surprised pleasure. This will inevitably benefit their children.

Many of these children have poor speech, poor posture and poor co-ordination and would benefit from a greater amount of physiotherapy or

remedial gymnastics and speech therapy than is a practical possibility at the present time. Children who will be seeking jobs in competition with others can be greatly assisted in their prospects by improved speech and deportment.

It should be noted, however, that because of careful preparatory work by the Youth Employment Service every single Fulford Cross leaver was found a job last year.

Lidgett Grove Special School for mentally retarded children

This special school for mentally retarded children, formally the Junior Training Centre, became the responsibility of the Education Department in April, 1971. Medical supervision had been undertaken for very many years but routine medical inspections were introduced in 1969. Examination and assessment continues and vision and audiometric testing are being attempted. Staff and parents are appreciative of the regular visits of the medical officer and school nurse. This is very time consuming work, and the problems are increased by the relatively short working hours of the school.

The Special Care Section had been recently enlarged and the toilet and washing facilities greatly improved. Twenty children are accommodated in two large rooms, and cared for by a staff of four qualified nursery nurses.

CO-ORDINATION OF SERVICES FOR THE HANDICAPPED

A committee meets several times a year to discuss and co-ordinate the services for handicapped children and young people. The members include doctors from Child Health Clinics and the School Health Services, the Consultant Paediatrician, Welfare Officer for the Handicapped, an Education Welfare Officer and the Youth Employment Officer, together with others who may have an interest in a particular child or subject under discussion. The prospects and problems of individual children are considered and also subjects of general interest relating to the welfare of handicapped children.

CO-OPERATION WITH OTHER SECTIONS OF THE HEALTH SERVICES AND WITH OTHER LOCAL AUTHORITY DEPARTMENTS

There is close liaison with family doctors and with consultants in the Hospital Service. The family doctors are frequently consulted about individual children and their families and are always consulted before a child is referred to hospital. When a hospital doctor writes about his findings a copy is sent to both the family doctor and to the School Medical Officer. Opportunities are also made at professional meetings for informal discussion. In addition, special case conferences are called between members of many departments, together with the teacher and family doctor where the special problems of a child or family require the co-operation of many disciplines.

MORTALITY OF SCHOOL CHILDREN

The table below shows the causes of death of five York school children in 1971 :—

Cause of death	Age 5—14 Years	Age 15—16 Years and over	Total
Chronic Renal Failure	1	—	1
Intra Cranial Haemorrhage and Acute Myeloid Leukaemia	1	—	1
Acute Bronchitis and Congestive Heart Failure due to Eisen- menger's Complex	1	—	1
Multiple injuries caused by a road accident	1	—	1
Misadventure	1	—	1
Total	5	—	5

SCHOOL DENTAL SERVICES

The Principal School Dental Officer reports as follows :—

This year was one of considerable change in that one dental officer and one dental auxiliary resigned for family reasons, having worked in the service since 1963 and 1962 respectively. The dental auxiliary, Mrs. Hancox, was one of the first group of auxiliaries to qualify from New Cross Hospital. After a decade it is now possible to assess the contribution made by the dental auxiliary to the school dental service.

After two years of training the auxiliary may carry out in a local authority clinic a limited range of treatment which includes the scaling and polishing of teeth, the extraction of primary teeth, the filling of both temporary and permanent teeth and x-ray examination. In addition she carries out both chairside and classroom health education. Auxiliaries are able to undertake a large number of fillings of high quality and they are well trained in the handling of difficult children. Apart from conservative work they perform some preventative dentistry by applying solutions of topical fluoride to the teeth. This application, whilst not as effective as a fluoridated water supply, does have a protective value. The auxiliary has proved a most valuable member of the team and one hopes that the authority will increase the number employed in the near future to enable more preventative dentistry to be performed.

A satisfactory amount of work was performed during the year of which the majority was conservative. Seven thousand two hundred permanent teeth were filled and only 577 extracted, a very satisfactory state of affairs when one

considers that many of the extracted teeth were removed for orthodontic reasons and not because of decay. Ninety-one crowns and 2 bridges were fitted. All patients now receive a two minute sodium fluoride rinse on each visit to the clinic. This rinsing is known to give some protection from decay to the teeth. It would be sound preventive dentistry to extend this preventive treatment into regular routine in schools, and one hopes to explore this possibility in 1972.

The regular sessions for the dental treatment of handicapped children are proving successful and popular with the parents. We have helped general dental practitioners in the town by taking some of their handicapped patients. As an example of the scope of the work one severely handicapped child whose teeth have previously been neglected was able to have nineteen fillings and two extractions completed under general anaesthesia in one visit. Had these fillings been carried out by normal means on this very difficult child it might well have involved nineteen visits which would have been exhausting for all concerned.

The results of the investigation carried out by Mr. John Murray, M.Ch.D. on the comparative dental health of York, a very low fluoride area and Hartlepool, a town with a water supply containing natural fluoride proved overwhelmingly that the dental health in all age groups in York, a town with a high dentist ratio, was lower than in Hartlepool where the dentist/population ratio is low. The caries (decay) experience of 15 year old children in Hartlepool was 45 per cent lower than that observed in 15 year old children from low fluoride York. When one looks at the picture in middle age one can still see the benefit of a water supply containing fluoride. In the 40—44 year group in Hartlepool the DMF rate (the sum of decayed, missing and filled teeth) was 12, in York 17.3. One must repeat that the dental health of Hartlepool is better than that of York in spite of Hartlepool having one of the lowest dentist/population ratios in the country and York one of the highest.

An investigation of the ages at which the various teeth erupt was started during the year. It is thought that children are erupting their teeth at an earlier age than in the past. It is hoped that this investigation will show whether this is so.

Regrettably some schools are still selling the wrong kind of foods in their tuckshops. An enquiry of one headmaster showed that 20 different kinds of sugary cariogenic foods were being sold in the tuckshop. In fact had one been looking for a diet for an investigation into the cariogenic effect of sugary foods on teeth one could not have done better than to adopt this list! Unfortunately neither a long correspondence nor a visit have produced a change. It is quite wrong that schools for the sake of profit for school funds should set at naught the efforts of the school dental service to inculcate correct eating habits into their children.

The Principal School Dental Officer was allowed by the local authority to serve on the School Health Sub-Committee of the Working Party on Collaboration which was set up to advise on the relationship between the National Health Service, and local government after reorganisation.

A series of twelve articles covering the organisation of the school dental services written by the Principal School Dental Officer was published by the British Dental Journal. Much of the material was based upon the experience and organisation found in York during the past two decades. These articles have since been published in a separate booklet.

Mr. Liptrot, the Director of the School for Dental Auxiliaries, visited us on the 27th January and talked in the afternoon at Monkgate Clinic to a gathering of dental officers and auxiliaries from the surrounding areas of the county. Forty five people attended this meeting.

On the 6th May we arranged and helped to organise a one day course for dental auxiliaries at the King's Manor, York.

Over the last six years we have organised in York a number of clinical meetings or courses each year to stimulate interest in our own service and those of surrounding authorities. These courses have been well attended. We shall hope to continue this scheme during the coming years.

The Northern Principal School Dental Officers held a one day meeting at the Dental Clinic on the 13th October.

Dr. Zietsman, Chief Dental Officer, Pretoria, visited the service on the 8th July to study the general organisation and particularly the work of the dental auxiliaries.

The service was inspected during the month of July by Mr. G. Potter, the Dental Officer from the Department of Education and Science, who made a satisfactory report on the dental service in the city.

Members of staff have visited schools to talk about the various aspects of dentistry as a career and older students who were interested in a dental career were enabled to visit the clinic and learn more of the subject.

THE CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

During 1971 the number of cases referred to the Schools' Psychological Service and Child Guidance Service fell compared with the previous year from 148 to 134. Much of this decline can be explained by the fact that the Remedial Teachers, who work in the schools, can see children with less serious problems and these are, therefore, less often referred to the Clinic. This has enabled the scope of the treatment to be widened.

One important feature of the year's work has been the large increase in psychiatric case-work with parents and families both in the Clinic and the home. Another feature has been the 7 plus Reading Survey where, due to the help of mature students from Hull College of Education, it was possible to

test the reading ability of 1,104 children compared with 587 last year. A start has been made by the Remedial Adviser, Mr. Purdy, on Adult Illiteracy and 5 students enrolled during the course of the year. There has been co-operation in a study of 'travelling children' at the Secondary stage of education in an effort to suggest ways of integrating them into the educational system.

The Universities of York and Leeds continue to use the Clinic for post-graduate training of psychiatrists, psychiatric social workers and teachers. Teachers from York and the Ridings visit the Reading Centre in increasing numbers to take advantage of demonstrations of books and materials and methods of teaching reading.

Members of staff are in constant demand to give talks and lectures to students from various professions.

New Registrations in 1971

Sources of Referral	Boys	Girls	TOTAL
School Medical Officer	7	2	9
General Practitioners & Hospitals	19	18	37
Education Department	2	2	4
Head Teacher	26	10	36
Juvenile Courts, Probation Officer	4	3	7
Social Services Department	5	—	5
Parents	13	9	22
Speech Therapists	1	—	1
Others	9	4	13
	86	48	134

Closed Cases

Type of treatment given	Boys	Girls	TOTAL
Psychiatric Therapy	37	19	56
Consultation and Advice	37	11	48
Social Service	22	15	37
	96	45	141

Work of Remedial Teachers for Children Retarded in Reading and Mathematics

	Boys	Girls	TOTAL
Number of School Visits paid	—	—	695
Number of Children Tested	147	98	245
Number of Children receiving Remedial Teaching	64	25	89
	211	123	1029

Number of Reading and Intelligence Tests administered by Psychologist and Remedial Teachers in '7 Plus' Survey

Boys	Girls	TOTAL
581	523	1104

Sources of Referrals of children to the Educational Psychologist

	Boys	Girls	TOTAL
School Medical Officer	13	2	15
Head Teachers	12	13	25
Others	10	6	16
	35	21	56

Summary

Number of Interviews by :	TOTAL
Psychiatrists	700
Psychologist	230
Psychiatric Social Worker	1225
	<hr/> 2155
Number of school enquiries by Psychologist	113
Number of Public Lectures, Meetings, Engagements	31

MISCELLANEOUS

Medical Examinations

In addition to the work referred to elsewhere the medical officers carried out the following examinations :—

Part-time employment of children	132
Youth Employment medical reports	30
Entrants to Colleges of Education	137
Appointment of Education Service Staff	96
Children going to camp or organised holidays	115
Children going to residential schools	14
Assessment of educational ability	63
	<hr/>
	587
	<hr/>

Youth Employment Medical Reports

Reports were forwarded to the Youth Employment Officer to assist him in the placement of certain pupils who had a defect which might make them unsuitable for certain types of employment. Thirty reports (Form Y9) were issued with regard to the following disabilities :—

Asthma	1
Epilepsy	2
Blind in one eye	2
Defective Vision (Colour)	24
Diabetic	1
	<hr/>
Total	30
	<hr/>

Referrals to Hospital

Medical officers only refer a school child to a hospital consultant by prior agreement of the family doctor. Hospital appointments were arranged for 107 children. In addition, family doctors were notified of 58 children who were referred to the Eye Department of York County Hospital.

Hospital Reports

Reports were received for 623 children during 1971. The information is helpful and is only one aspect of the co-operation which the School Health Service receives from the consultant staff, as well as from the family doctors. In return the Service endeavours to maintain close links with those of other members of the National Health Service, through informal, as well as official channels.

Convalescent Holidays

During the year 13 children were sent on convalescent holidays under the provisions of Section 12 of the Health Services and Public Health Act.

Provision of Meals

The number of meals provided in the year was 1,767,201. A census taken in October showed that 43.7% of children were having meals. Of the meals served 11.4% were supplied free of charge. Provision was made, as in former years, for children in receipt of free meals to have them during the holidays. Only 3.6% of those eligible attended at Christmas, 4.6% at Easter, and 7.2% during the Summer holidays.

Provision of Milk

The percentage of children in primary schools taking milk in October, 1971 was 40.15%.

The Education (Milk) Act 1971 placed the medical officers of the school health service in the difficult position of having to establish which child over seven years old required free milk on medical grounds and which did not. It should be placed on record that the unanimous opinion of the medical and dental staff is that if a child requires a 'snack' in mid-morning, milk is the most suitable and prior to the above Act, the most easily provided.

Faced with the provisions of the Act it was decided that the phrase 'his health requires' should infer either a medical as distinct from a social need for mid-morning nourishment, or a disability which would usually result in admission to special school (where milk is provided) or an acute short term debility such as follows illness. During the Autumn term only five certificates were given for free milk to children over seven, the medical conditions being as follows:—

Severe dwarfism of unknown cause — previously recommended for education at a Special School.

Severe and long standing debility and malnutrition.

Diabetes. (2).

Extensive dental caries.

One headmaster requested the medical examination of 36 socially deprived children in his school with a view to recommendations for free milk and this was undertaken in an endeavour to test out the hypothesis that if a child's physical condition was such as to qualify him for free milk he would already have been selected for examination in the normal process.

The following is an abridged account of the examinations and medical officer's comments.

The medical records of each child were studied; many but not all children had been examined quite recently. No significant medical conditions were recorded, indicating that when last seen the children were in good health. Each parent completed a questionnaire as for a normal intermediate medical

examination. The parents were not told that the question of free milk was being considered as it was thought this would inevitably colour the replies. None of the 36 parents expressed dissatisfaction with their child's health, and the points they raised were about hearing, bed wetting, scratching and a lump — matters which were dealt with but were not relevant to the subject of the enquiry.

Every child was given a physical examination consisting of measurement of height and weight, a clinical assessment of physique (good, average, fair, poor) as estimated by general build, muscle tone, strength of grip and stability of shoulder girdle. Complexion and health of skin was also taken into consideration, and the throat and teeth examined.

The results were as follows:—

The height and weight of all but two of the children fell well within the 10th to 90th percentile range of normal healthy children though as a group they are smaller than average. In two cases the children were much smaller than average, but their weight was satisfactory for their height, the smaller size being familial in both cases.

One child was considered to be of poor physique and to have bad teeth — he is already in receipt of milk in school on account of age until the end of the summer term and has been recommended for reconsideration at that time.

Two children were referred for a dental opinion as to whether milk was advisable in school on account of dental caries but it was not considered to be justified.

Two children whose physique was recorded as 'fair' were in other respects in good health, and could not be singled out as in need of milk in school on health grounds.

The one child who would have qualified for free milk was found to have been seen earlier in the term in the normal course of selective medical examination and the recommendation for milk had been given.

Comment

The group of children examined is too small to have any statistical significance, but two children were found whose health required that they should have milk in school; one of these was still within the age group entitling him to free milk so no certificate was required in his case. There was a marked discrepancy between the superficial poverty of clothing and appearance of many of these children and the strong wiry bodies beneath the shabby exterior. There were no fat children in the group, but there was no case in which weight was inadequate for height and age.

Provision of Clothing and Footwear

A number of children were found to be in need of suitable clothing and footwear.

Number reported	..	..	..	..	Boys	773
					Girls	568
Number of families involved		..	..			574

The following items were provided :—

Boys :	Footwear	929
	Overcoats/Duffles	249
	Jackets/Jumpers	205
	Trousers	300
Girls :	Footwear	639
	Overcoats/Duffles	229
	Dresses, tunics, skirts, blouses, etc.	506
		<hr/> 3,057 <hr/>

National Society for the Prevention of Cruelty to Children

The Senior Inspector reported the following details of work done by himself and his staff during 1971 :—

1.	Number of new cases dealt with in the City involving — Lack of care, Physical injury, Behavioural problems, Children left alone, Material, Financial and Housing problems	74
2.	Number of persons seeking advice from the Society concerning their children	33
3.	Number of Parents who were warned, advised or assisted with regard to their children	89
4.	Number of children involved under items 2 & 3	258
5.	Number of supervisory visits made in connection with items 2 & 3	640
6.	Number of other visits made during the year	765

The Society also reported that there were no prosecutions or Juvenile Court cases in 1971.

York Schools Athletic Association

Teachers have continued their voluntary work enabling school children of York and District to take part in various games and sports, a valuable contribution to maintenance of the health of York school children.

SCHOOL HEALTH SERVICE: STAFF AND SCHOOL CLINICS

(Return for the year ended 31st December, 1971)

1. STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer: S. R. W. MOORE

	Number of officers employed		Number in terms of full-time officers employed	Vacancies full-time equivalent
	f.t.	p.t.		
a. MEDICAL OFFICERS (INCLUDING PRINCIPAL SCHOOL MEDICAL OFFICER) :—				
i. solely School Health Service	—	—	—	—
ii. a. part-time School Health Service/rest of time with Local Health Service	4	1	2.3	—
b. part-time School Health Service/rest of time as General Practitioner	—	—	—	—
c. part-time School Health Service/rest of time on other medical work	—	—	—	—
iii. Ophthalmic Specialists	—	1	0.4	—
iv. Other Consultants and Specialists	—	—	—	—
b. NURSES AND HEALTH VISITORS				
i. Nurses holding Health Visitors Certificates	20	—	—	—
a. employed solely in clinics		—	—	—
b. employed in clinics and elsewhere	—	—	5.7	—
ii. Nurses NOT holding Health Visitors Certificates	4	—	—	—
a. employed solely in clinics		—	—	—
b. employed in clinics and elsewhere	—	—	2.7	—
iii. Nurses' assistants	—	—	—	—
a. employed solely in clinics		—	—	—
b. employed in clinics and elsewhere	—	—	—	—
c. OTHER STAFF				
i. Senior Speech Therapist	—	—	—	—
ii. Speech Therapists	1	2	1.6	—
iii. Assistant Speech Therapists	—	—	—	—
iv. Audiometricians	1	—	1.0	—
v. Chiropodists	—	1	0.1	—
vi. Orthoptists	—	—	—	—
vii. Physiotherapists	—	1	0.7	—
viii. Others (excluding clerical staff) ; Remedial Gymnasts	—	2	0.2	—

Number of school clinics as at 31st December, 1971: 1

TYPE OF EXAMINATION AND/OR TREATMENT
provided at School Clinics

Examination and/or treatment	Number of premises available as at 31st December, 1971
A. Minor ailment	1
B. Asthma	—
C. Audiology	—
D. Audiometry	1
E. Chiropody	1
F. Ear, Nose and Throat	—
G. Enuretic	1
H. Ophthalmic	1
I. Orthoptic	—
J. Orthopaedic	—
K. Paediatric	—
L. Physiotherapy and remedial exercises	1
M. Speech Therapy	1
N. School Medical Officer's special examination	—
O. Others	
Vaccination & Immunisation	1

(a) STAFF OF THE CHILD GUIDANCE CLINICS AND
SCHOOL PSYCHOLOGICAL SERVICE as at 31st December, 1971

Staff	Number employed		Number in terms of full time officers
	full time	part time	
i. Psychiatrists			
a. employed by the local education authority	—	—	—
b. employed under arrangement made with Hospital Authority	—	3	0.5
ii. Educational Psychologists	1	—	1.0
a. working in Child Guidance Clinics			—
b. working in School Psychological Service			—
iii. Psychiatric Social Workers	1	—	1.0
iv. Psycho-therapists	—	—	—
v. Social Workers — Qualified	1	—	1.0
Unqualified	—	—	—
vi. Remedial Teachers	2	—	2.0
vii. Others (excluding clerical staff)	—	—	—

(b) DETAILS OF CHILD GUIDANCE CLINICS WITHIN THE
AUTHORITY'S AREA as at 31st December, 1971

Provided by	No. of Clinics	No. of Clinics		Total No. of sessions worked in those Clinics in part-time use during 1971
		In full-time use	In part-time use	
the L.E.A.	1	1	—	—
Other bodies	—	—	—	—

RETURN OF HANDICAPPED CHILDREN
PART I

New assessments and placements

During the calendar year ended 31st December, 1971 :—		Blind	P.S.	Deaf	Pt.Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp.Def.	Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A	Number of Handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes.	boys			1	3	2	3	16			25
		girls				2	2		14			18
B	Number of children newly placed in special schools (other than hospital special schools) or boarding homes.	(i) of those included at A above	boys		1	2	1	2	12			18
			girls			1	2		7			10
		(ii) of those assessed prior to Jan. 1971	boys			2			8			10
			girls						10			10
		(iii) Total newly placed	boys		1	4	1	2	20			28
		B (i) and (ii)	girls			1	2		17			20

C	Number of children from the Authority's area, previously regarded as unsuitable for education at school, who became the Authority's responsibility on 1st April, 1971.	boys	37
		girls	29
		Total	66

PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS:
INDEPENDENT SCHOOLS: IN SPECIAL CLASSES AND UNITS: UNDER SECTION 56 OF THE
EDUCATION ACT 1944: AND BOARDED IN HOMES

[illegible]

PART III

NUMBER OF TEACHERS OF THE DEAF AND PARTIALLY HEARING
EMPLOYED BY THE AUTHORITY (OTHER THAN IN SPECIAL SCHOOLS)
on 20th January, 1972

Teachers employed	who have one of the required special deaf qualifications		who do not have such a qualification		TOTAL	
	M 1	F 2	M	F	M 1	F 2
1. in special classes/units						
2. in audiology clinics						
3. as peripatetic teachers						
TOTALS	1	2			1	2

SCHOOL DENTAL SERVICE

Return for the year ended 31st December, 1971

Principal School Dental Officer: Graham Turner

1. STAFF
(as at 31st December, 1971)

Number of officers in local authority service		Full time equivalent inclusive of extra paid sessions worked			
Full time	Part time	Administrative duties	Clinical Duties		Total full time equivalent
			School Service	M & C.W. Service	

(a) Dental Officers (including Orthodontists)

Principal School Dental Officer	1	—	0.2	1	0.1	
Salaried Dental Officers	1	—	—	1.9	0.1	1
Sessional Dental Officers	—	1	—	—	0.3	0.3
Total	2	1	0.2	2.6	0.5	2.3

(b) Dental Auxiliaries and Hygienists

Dental Auxiliaries	2	—	—	1.8	0.2	2
Dental Hygienists	—	—	—	—	—	—

(c) Other Staff

						Number of Officers	Full time equivalent
Dental Technicians	..	..	..	..	..	—	—
Dental Surgery Assistants	..	..	..	..	..	5	5
Clerical Assistants	..	..	..	..	..	—	—
Dental Health Education Personnel	..	..	..			—	—

2. SCHOOL DENTAL CLINICS

Provided directly by the Authority

Fixed Clinics				Mobile Clinics		
No. with ONE surgery only	No. with TWO or more surgeries	Total number of surgeries		Total number of clinics		Total number of sessions worked in 1971
		Available	In use	Available	In use	
2	1	5	5	—	—	—

3.
- INSPECTIONS
- (a) First inspection—school
- (b) First inspection—clinic
- (c) Re-inspection—school or clinic
- Totals

Number of pupils		
Inspected	Requiring treatment	Offered treatment
15,527	} 9,389	} 9,388
2,629		
1,976	891	891
20,132	10,280	10,279

4.
- VISITS (for treatment only)
- First visit in the calendar year
- Subsequent visits
- Total visits

Ages 5 — 9	Ages 10 — 14	Ages 15 and over	Total
1,712	1,435	344	3,491
2,480	2,861	661	6,002
4,192	4,296	1,005	9,493

5.
- COURSES OF TREATMENT
- Additional courses commenced
- Total courses commenced
- Courses completed

401	275	59	735
2,113	1,710	403	4,226
—	—	—	3,336

6.
- TREATMENT
- Fillings in permanent teeth
- Fillings in deciduous teeth

2,883	4,426	1,285	8,594
1,533	26	—	1,559

- Permanent teeth filled
- Deciduous teeth filled

2,195	3,890	1,115	7,200
1,377	21	—	1,398

- Permanent teeth extracted
- Deciduous teeth extracted

62	402	113	577
1,294	415	—	1,709

- Number of general anaesthetics

467	168	18	653
-----	-----	----	-----

- Number of emergencies

101	37	15	153
-----	----	----	-----

Number of Pupils X-rayed	202
Prophylaxis	756
Teeth otherwise conserved	418
Number of teeth root filled	23
Inlays	5
Crowns	91
Na F	282
Bridges	2

7. ORTHODONTICS

New cases commenced during the year	45
Cases completed during the year	47
Cases discontinued during the year	3
No. of removable appliances fitted	90
No. of fixed appliances fitted	1
No. of pupils referred to Hospital Consultants	1

8. DENTURES

Number of pupils fitted with dentures for the first time :—

(a) with full denture

(b) with other dentures

Total

Ages 5 — 9	Ages 10 — 14	Ages 15 and over	Total
—	—	—	—
2	2	1	5
2	2	1	5

Number of dentures supplied (first or subsequent time)

3	2	1	6
---	---	---	---

9. ANAESTHETICS

Number of general anaesthetics administered by Dental Officers

58

10. SESSIONS:

	Adminis- trative sessions	Number of clinical sessions worked in the year				Total sessions	
		School Service			M. & C.W. Service		
		Inspection at School	Treatment	Dental Health Education	Treatment		Dental Health Education
Dental Officers (incl. P.S.D.O.)	47	86	1,063	—	163	—	1,359
Dental Auxiliaries	—	—	579	9	8	—	596
Dental Hygienists	—	—	—	—	—	—	—
Total	47	86	1,642	9	171	—	1,955

11. DENTAL HEALTH EDUCATION

The Dental Auxiliaries visit schools educating children in oral hygiene.
A leaflet is given to each child at School Dental Inspections.
Posters are circulated to schools at regular intervals.
8 lectures were given by the Principal School Dental Officer to students.

DENTAL AUXILIARIES
Details of work carried out by Dental Auxiliaries

4. VISITS (for treatment only)	Ages 5 — 9	Ages 10 — 14	Ages 15 and over	Total
First visit in the calendar year	487	376	86	949
Subsequent visit	872	728	167	1,767
Total visits	1,359	1,104	253	2,716
5. COURSES OF TREATMENT				
Additional courses commenced	119	87	11	217
Total courses commenced	606	463	97	1,166
Courses completed	—	—	—	976
6. TREATMENT				
Fillings in permanent teeth	1,443	1,787	469	3,699
Fillings in deciduous teeth	575	2	—	577
Permanent teeth filled	1,080	1,578	421	3,079
Deciduous teeth filled	482	2	—	484
Deciduous teeth extracted	43	21	—	64
Prophylaxis	—	—	—	331

DENTAL HYGIENISTS
Details of work carried out by Dental Hygienists

4. VISITS (for treatment only)	Ages 5 — 9	Ages 10 — 14	Ages 15 and over	Total
First visit in the calendar year	—	—	—	—
Subsequent visit	—	—	—	—
Total visits	—	—	—	—
5. COURSES OF TREATMENT				
Additional courses commenced	—	—	—	—
Total courses commenced	—	—	—	—
Courses completed	—	—	—	—
6. TREATMENT				
Prophylaxis	—	—	—	—

MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1971

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1972: 18,840

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A
PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	Physical Condition of pupils Inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total Individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 and later	121	121	—	—	10	33	40
1966	975	970	5	—	132	207	260
1965	561	555	6	—	88	107	153
1964	57	56	1	—	6	14	18
1963	45	44	1	—	3	11	10
1962	42	40	2	—	4	13	13
1961	54	53	1	—	7	16	17
1960	155	154	1	669	14	44	48
1959	131	130	1	325	14	32	37
1958	85	83	2	—	12	17	22
1957	58	57	1	42	12	15	26
1956 and earlier	161	159	2	279	20	25	43
Total	2,445	2,422	23	1,315	322	534	687

TABLE B
OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	5,826
Number of Re-inspections	..	..	..	..	820
Total					6,646

TABLE C
INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	49,301
(b)	Total number of individual pupils found to be infested ..	590
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ..	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ..	—

PART II
DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL
INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	24	2	48	74	100
		O	94	5	54	153	103
5	Eyes — a. Vision	T	219	4	92	315	1,059
		O	61	2	77	140	492
	b. Squint	T	115	—	25	140	38
		O	22	—	12	34	17
	c. Other	T	5	—	3	8	10
		O	6	—	6	12	9
6	Ears — a. Hearing	T	54	—	23	77	87
		O	140	1	65	206	172
	b. Otitis Media	T	8	—	4	12	9
		O	45	—	12	57	30
	c. Other	T	18	—	8	26	33
		O	157	1	54	212	210
7	Nose and Throat	T	30	—	10	40	80
		O	294	5	120	419	447
8	Speech	T	35	—	4	39	24
		O	84	2	42	128	36
9	Lymphatic Glands	T	10	—	2	12	8
		O	189	—	38	227	147
10	Heart	T	1	—	4	5	5
		O	22	—	7	29	30
11	Lungs	T	7	—	5	12	16
		O	38	3	23	64	84
12	Development — a. Hernia	T	4	—	—	4	2
		O	7	—	—	7	7
	b. Other	T	4	—	14	18	23
		O	132	4	100	236	190
13	Orthopaedic — a. Posture	T	—	—	2	2	3
		O	15	2	35	52	20
	b. Feet	T	4	—	6	10	34
		O	75	—	35	110	75
	c. Other	T	—	—	9	9	14
		O	44	2	27	73	60
14	Nervous System — a. Epilepsy	T	—	—	10	10	9
		O	7	—	2	9	11
	b. Other	T	—	—	3	3	4
		O	12	1	9	22	9
15	Psychological — a. Development	T	1	—	2	3	9
		O	47	9	143	199	37
	b. Stability	T	11	—	6	17	68
		O	206	5	116	327	249
16	Abdomen	T	1	—	1	2	3
		O	3	—	9	12	15
17	Other	T	5	—	12	17	100
		O	19	—	49	68	157

(T) Requiring treatment (O) Requiring observation

PART III
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS (INCLUDING NURSERY AND
SPECIAL SCHOOLS)

TABLE A
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	37
Errors of refraction (including squint)	2,939
Total	<u>2,976</u>
Number of pupils for whom spectacles were pre- scribed	1,297

TABLE B
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	23
(b) for adenoids and chronic tonsillitis	15
(c) for other nose and throat conditions	—
Received other forms of treatment	136
Total	<u>174</u>
Total number of pupils still on the register of schools at 31st December, 1971, known to have been pro- vided with hearing aids:—	
(a) during the calendar year 1971	4
(b) in previous years	18

TABLE C
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients depart- ments	75
(b) Pupils treated at school for postural defects	—
Total	<u>75</u>

TABLE D
DISEASES OF THE SKIN
(Excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(a) Scalp	—
(b) Body	2
Scabies	3
Impetigo	12
Other skin diseases	316
Total	333

TABLE E
CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	242

TABLE F
SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	575

TABLE G
OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	194
(b) Pupils who received convalescent treatment under School Health Service arrangements..	13
(c) Pupils who received B.C.G. vaccination ..	1,133
(d) Others: Chiropody	267
Total	1,607

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